

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K70046** (3)  
1. Corporation Name  
**P.M.H., INC.**



Principal Place of Business: **952 GREENSBORO RD NE P O BOX 3880 EATONTON GA 31024**  
Mailing Address: **952 GREENSBORO RD NE P O BOX 3880 EATONTON GA 31024**

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

3. Date Incorporated or Qualified: **03/02/1989**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **58-1841986**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**NICKENS, DAN A., ESQ.  
1227 MARSHALL FARMS RD  
OCOOEE 34761**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
11. TITLE  DELETE  
NAME: **VTD HOLMES, JAMES D.**  
STREET ADDRESS: **6636 BITTERSWEET LANE**  
CITY, ST, ZIP: **ORLANDO FL**  
12. TITLE  DELETE  
NAME: **PD MASSEY, PAUL**  
STREET ADDRESS: **P.O. BOX 1912**  
CITY, ST, ZIP: **TIPTON GA**  
13. TITLE  DELETE  
NAME: **S HOLMES, KATHRYN C.**  
STREET ADDRESS: **366 OLD PHOENIX RD. N.E.**  
CITY, ST, ZIP: **EATONTON GA**  
14. TITLE  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11. TITLE  Change  Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY, ST, ZIP  
21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP  
31. TITLE  Change  Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY, ST, ZIP  
41. TITLE  Change  Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY, ST, ZIP  
51. TITLE  Change  Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY, ST, ZIP  
61. TITLE  Change  Addition  
62. NAME  
63. STREET ADDRESS  
64. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathryn C. Holmes*, SECRETARY  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**KATHRYN C. HOLMES, SECRETARY**  
02/02/96 (706) 485-5823

CR2E034 (12/95)